



Individually Billed Card Account Setup/Application Form

TO BE COMPLETED BY EMPLOYEE

PLEASE TYPE OR PRINT ALL INFORMATION

| | | | | | | | | | | | | | | | | | | |
|--|-----------|---|---------------------|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|
| First Name | Last Name | MI | Social Security No* | | | | | | | | | | | | | | | |
| Agency Name | | | | | | | | | | | | | | | | | | |
| Mother's Maiden Name (for security purposes) | | Mailing Address Home ____ Business ____ (check one) | | | | | | | | | | | | | | | | |
| e-mail address: | | | | | | | | | | | | | | | | | | |
| Office Telephone Number | | | | | | | | | | | | | | | | | | |
| Country and Area Codes: | | City | | | | | | | | | | | | | | | | |
| | | State/Province | | | | | | | | | | | | | | | | |
| Number: _____ | | Zip Code/Postal Code | | | | | | | | | | | | Country | | | | |

By signing below, I (a) request that a Government Card be issued in my name, (b) agree to use the Card for official travel and official travel related expenses only, and to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card, and (c) attest to the best of my knowledge, that the information I have provided herein is true and correct.

PLEASE RETAIN COPY FOR YOUR RECORDS.

Employee Signature _____

Date _____

* Social Security Number or other unique identifier.

FOR JSC EMPLOYEES ONLY!!

_____ Full-Time Civil Servant _____ Part-Time Co-Op

Anticipated travel date: _____

Type of Travel: _____ Domestic (US) or _____ International



Instructions for Individually Billed Card Account Setup/Application Form

| | |
|---------------------|---|
| Purpose | Complete this form to establish an individually billed travel card account under the GSA Smart Pay Program. |
| Instructions | <p>Cardholders: Fill out “To be completed by Employee” section. Please print or type all information. Mail to:</p> <p style="text-align: center;">Travel Card Coordinator NASA/JSC 2101 NASA Road 1, Mail Code LF221 Houston, TX 77058</p> <p>Or Hand Carry to: T-585, Room 109</p> |

Field Descriptions

For your assistance, listed below are field descriptions of elements on the form.

| |
|---|
| First Name, Last Name, MI – Employee’s first name, last name and middle initial. |
| Social Security Number – Employee’s Social Security Number or other unique identifier. |
| Agency Name – Provide name of the Employee’s agency name. |
| Mother’s Maiden Name – self-explanatory. This field may be used by the Government Card Services Unit (GCSU) at Bank of America to verify that a caller is indeed the cardholder. |
| Mailing Address (include Street, City, State/Province, Zip Code/Postal Code, and Country) – Where the employee’s travel card bills should be mailed. Check whether this address is a Home or Business address. |
| Email Address – List cardholder’s email address if available. |
| Office Telephone Number – Employee’s work telephone number, including Country and Area Codes. |
| Employee Signature – Employee signature. |
| Date - Date employee signs this form. |

**Please return signed application ONLY TO:
LF221, Attention: Becky Stinson/Donna Winchell**